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This Graduate Management Project studies the current Dwight David Eisenhower Army Medical Center (EAMC) Marketing Plan and determines its status. Since it is apparent that a marketing plan does not exist, the goal is to restructure data and information that is currently available into a Marketing Plan for EAMC.

By using marketing techniques found in the literature, and meeting the guidelines set forth by United States Army Health Services Command, a marketing plan will be developed that will coordinate the existing and separate plans, efforts, and committees.

The Marketing Plan will be of sufficient length and detail that the Division responsible for oversight of the Plan will be able to utilize the document not just as a template, but as a working document that can be amplified into a documented Marketing Plan for Dwight David Eisenhower Army Medical Center.

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A Study to Restructure
The Marketing Plan
At
Dwight David Eisenhower Army Medical Center
Fort Gordon, Georgia

A Graduate Management Project

Submitted to the Facility of

Baylor University

in Partial Fulfillment of the

Requirements for the Degree

of

Masters in Health Administration

by

Samuel D. Franco

Major, Medical Services Corps

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It is true, we are the sum of the people who influence us in this world. I am most appreciative for their influence.

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"The best news, however, is probably just this: Most of our hospitals already have a fair amount of marketing activity going on. We just need to organize it, supplement it, and give it good management direction."

Norman H. McMillan

Marketing Your Hospital

1981

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I. INTRODUCTION

Dwight David Eisenhower Army Medical Center (EAMC) has been designated as one of eleven Department of the Army selected sites to implement the Army's Coordinated Care Program: "Gateway To Care (GTC)." The major goals of the Gateway To Care program are to improve the management of personnel, dollars, and supplies within the health care system; to improve access for beneficiaries seeking to enter the health care system; to improve coordination and cooperation in the use of federal health care resources; and for Department of Defense (DOD) medical facilities to purchase services from the private sector as a more educated consumer.

A specific tasking under the Coordinated Care Program is to arrange a facility's health services under a marketing plan.

There are many committees at EAMC working on separate and uncoordinated portions of a marketing plan for the implementation of the Gateway To Care Program. However, a central marketing plan does not exist that coordinates all these actions. The separate plans, if pulled together, could successfully be restructured into the EAMC marketing plan. This paper will focus on the successful restructuring of the separate actions into a coordinated Marketing Plan for implementation of

Gateway To Care at Dwight David Eisenhower Army Medical Center.

A marketing plan is often thought of in the way the public currently thinks of marketing: the daily advertisements that portray a product of some type. Marketing is more. It contains some elements of advertising, but it is only a small portion of a marketing plan. Kotler and Clarke (1987) state that a marketer would define marketing as follows:

> "Marketing is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchange of values with target markets for the purpose of achieving organizational objectives. It relies heavily on designing the organization's offering in terms of the target markets' needs and desires, and on using effective pricing, communication, and distribution to inform, motivate and service the markets."

In a HSC document, dated 4 February 1992, Subject: GATEWAY TO CARE Program Marketing Guidelines, forwarded under the signature of then Major General Lanoue, he explains the basic philosophy in Army medicine has been that the Army Medical Department would " . . . provide

the best possible services as we saw them and hope our beneficiaries were satisfied." Now there is a new philosophy, marketing, which he suggests that is "substantially different."

This is much in line with the literature. Beckham (1991) writes that there is a "new perspective." This new perspective, or as Lanoue (1992) calls it, new philosophy, is that marketing is a philosophy. This philosophy should shape an organization, mold an organization, and direct an organization into the future.

Lanoue (1992) points out that using marketing provides a systematic and coordinated means for examining exchange relationships. Keith (1981) writes in a text edited by Cooper (1985) that the majority of authors that he (Keith) has researched also include in their definitions of marketing the term "exchange relationship." An exchange relationship is where one offers something of value to someone who voluntarily accepts the offer for some exchange of something.

Who or what are involved in the exchange relationship? Levey and Loomba (1984) state that it is the "interaction between organizations and the diverse constituencies they . . . wish to reach. The purposes

. . . are to improve organizational performance and increase customer satisfaction."

Norman McMillan (1991) offers a "modest definition" that aptly summarizes all of the exchange, the interaction, the meeting of the goals. He states:

"Find out what the people want, and give them more of it.

Find out what the people don't want, and give them less of it."

Marketing in the medical arena is intended to provide quality care in a timely, costly, efficient and friendly manner, and to be able to stay in business in the long term.

The tasks of accomplishing this modest undertaking called marketing starts with a plan. The simplest way to get started is to develop a one page marketing plan as a benchmark. From this one page marketing plan, the organization can amplify it into a fully developed, thought out, marketing plan.

Conditions Which Prompted The Study

Though EAMC is one of the original Gateway To Care sites it is lacking a current and viable Marketing Plan. United States Army Health Services Command (HSC) has distributed to each facility a memorandum suggesting how to market the Gateway To Care Program

(Lanoue, 1992). The memorandum, dated 4 February 92, was received at EAMC and much effort and planning has gone into developing a Marketing Plan for EAMC. To date there is no documented Marketing Plan for guidance at EAMC. There are though, business initiatives, a strategic plan, a marketing committee, a Coordinated Care Division, and several other ongoing committees, programs and plans. If all of these efforts could be summarized and pulled into one central document with one responsible office to coordinate and fine tune the data, EAMC would have a viable Marketing Plan.

What encompasses a Marketing Plan? Who or what division coordinates it? What are key sub-tasks and what are not? The guidelines published by HSC are very detailed tasks and sub-tasks. They cite Martin Army Community Hospital at Fort Benning as an institution whose plan provides an example of these tasks. What EAMC needs is to develop similar tasks and sub-tasks that are unique and necessary.

There are many thoughts of what a marketing plan should or should not be. The task is to point out what is in a marketing plan, coordinate all the efforts in one document, and develop a Marketing Plan for EAMC.

Statement of the Problem

The task is to restructure and develop a marketing plan for Dwight David Eisenhower Army Medical Center.

Review of the Literature

The marketing of any service is a challenge. It is more of a challenge when the services are sometimes considered intangible and have no substance as is in the health care arena. This uniqueness of the services is part of the problem.

Kotler and Clark (1987) state in their text that the first step in marketing any service is to define the service. Their definition states that ". . . a service is any activity or benefit that one party can offer to another that is intangible and does not result in the ownership of anything."

Boone and Kurtz (1991) echo part of this definition but further enhance it with their definition. They state that intangible services ". . . are exchanged directly from producer to user . . ." are perishable, difficult at times to identify, and composed of many elements which are inseparable.

The goal for the U. S. Army Medical Department (AMEDD) under the Gateway To Care Program is to market an intangible product which is: quality healthcare that is easily accessible and inexpensive.

Gateway To Care is the AMEDD's version of what is commonly called Managed Care in the civilian sector. In the literature regarding managed care, Posar and Katz (1992) make the point that managed care in the civilian environment is operations intensive. He indicates that delivery of health care is a 365 days a year, 24 hours per day operation. It requires that all the individuals in the delivery of the healthcare be knowledgeable and involved in the managed care program if it is to function properly.

Some information is available regarding the marketing of and definition of Gateway To Care in published memorandums by the United States Army Health Services Command (LaNoue, 1992) and The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) (Mendez, 1991, 1992). Health Services Command (HSC) has offered what should be in a marketing program and defines what marketing plans must have to insure successful programs. Their guidance is that "Marketing offers a unified method for examining exchange relationships and ultimately for planning, managing and improving them." (Lanoue, 1992)

Health Affairs' (HA) guidance defines what elements should be implemented and when rather than offering marketing techniques. The input from HA

stresses a great deal of planning in the area of Marketing. At EAMC there are many opportunities and creative personnel assigned who could and should "examine exchange relationships." Coordinating all the efforts under one marketing plan is essential.

What both of these offices, HSC and HA, share as an underlying theme is that marketing is not a one time action but the new way that military medicine should conduct itself. Marketing is the new way to do business.

The marketing guidelines recommended for use by HSC include six components. This is the plan that other facilities are using to develop their Marketing Plan for Gateway To Care implementation. The six components are: objective, targets, position, strategies, marketing initiatives/tasks, and budget. They include with their suggested plan components, a milestone objective chart that further breaks down and defines the critical tasks and the responsible action officer/division.

Before one starts a marketing plan, Bernstein and Freiermuth (1988) suggest asking the questions: "Where do you want to be tomorrow? How do you get there!(?)" They recommend that the way to success is to have an initial one page marketing plan that has ten major

components. The most important component being the answer to the questions and defined in the objective. The following elements are: identify targets, define wants of targets, define who you are, analyze your main competitors, how should you compete, determine your budget, choose a strategy, choose your timing, plan your execution. These elements should be further defined into short term and long term objectives. Short term being less than one year; long term being over one year and beyond.

Kotler and Clarke (1987) recommend that a marketing plan contain at least seven steps. These seven steps have subheadings that are included in the primary marketing plan. The authors speak to the overlap of market planning and traditional health planning. They stress that often joint responsibility is recognized for some areas. It is up to each individual health facility to decide where the lines are drawn. Their seven steps are executive summary, situational analysis, objectives and goals, marketing strategy, action programs, budgets, and controls.

Lovelock and Weinberg (1984) use an eight step marketing plan format. They stress that components of ". . . marketing plans are not discrete; they are interrelated...." This further endorses joint

responsibility for the actions of the plan. The elements of their Marketing Plan are executive summary, situational analysis, problems and opportunities, marketing program goals, marketing strategies, marketing budget, marketing action plan, and monitoring system.

Levey and Loomba (1984) state that marketing is an open-system approach. Organizations that engage in a marketing program must be willing to accept the changes that it will undergo. They purport that there are five major components to a marketing program. They use the term program for the term plan. The components are the audit, market segmentation, marketing mix, implementation, evaluation and control.

Dienemann and Wintz (1992) state that "assessing how committed the organization is to marketing sets the stage for assessing the potential success of a marketing plan." They break their marketing plan into three segments: selective application, broad diffusion, and integrated system. These stages are "not mutually exclusive."

Purpose of the Study

The purpose of this research is to restructure and refine a Marketing Plan for Dwight David Eisenhower Army Medical Center.

II. METHODS AND PROCEDURES

When looking at the various marketing plans as depicted in Figure 1, it is obvious that there are as many different ways to display a marketing plan. The plans and the plan put forth by HSC (Lanoue, 1992) together contain 28 different components. However, some of the components are different names for basically the same function or activity.

Insert Figure 1 about here

For example, all of the marketing plans reviewed spoke about "Budget" in some form or fashion except Boone and Kurtz (1991). However, they did include a subsection under Strategies that was titled: Financial Strategy. Therefore, all the authors agree with each other regarding the basic components of a marketing plan, although the naming and placement of the components may differ.

For this reason, and because Eisenhower's corporate headquarters has presented their own opinion about what should be contained in a marketing plan, the author will begin describing the components using those set forth by HSC. The author will enhance HSC's definitions of the components using the more elaborate

and detailed definitions presented by the other authors.

HSC's Recommended Component Description

The first component in HSC's plan (Lanoue, 1992) is Objective. What HSC defines rhetorically as "What is to be accomplished?" What is it that the marketing plan is trying to do? Several of the authors (Boland, 1991; Berstien & Friermuth, 1988; Cohen, 1991) state that the objectives should be clearly defined and written in a manner that they are understood by all who encounter them. Objectives should be understood because in difficult times the people responsible for the implementation of tasks must know what the course is and the expected outcome. If those that are responsible are easily swayed from the goal, the objective will be compromised and so will the institution.

Objectives should be ranked in order of precedence and there should only be a few. The reasoning for the order and the limited number is that it allows managers the ability to make educated trade-offs, take advantages of opportunities already planned for when presented, and focus on their areas of responsibilities.

A number of the authors (Cohen, 1991; Lovelock & Weinberg, 1984; McMillan, 1981) contend that objectives should be stated in ways that they can be measured, quantified, or trackable. As Berstien and Freiermuth (1988) state, "If you don't quantify and track, you'll never know if your succeeding of failing."

It is important to determine the relationship of the objectives to the organization's mission. Cohen (1991) stresses organizations to insure the objectives do not conflict with one another or your organization will be working against itself. This is another reason why the objectives should be thought out and carefully articulated so that everyone in the organization understands and knows what the objectives are.

The objectives should be separated into long and short range goals. Berstein & Freiermuth (1988) defines short range goals as anything that can be accomplished or realized in less than a year. Long range goals are longer than one year and out years.

Lovelock and Weinberg (1984) contend that "goals should be challenging, but not set so high that they cannot be achieved." The achieving of set goals brings with it a sense of accomplishment and confidence to both the managers and the people actually working towards the goals.

Finally, without objectives, most organizations are vulnerable to any changes in their environment. For this reason, goals should be tailored to the situations and often reviewed if only to insure that the organization is still on track or needs to adjust to be successful.

The second component of HSC's plan (Lanoue, 1992) is "Targets: Who are we trying to reach with the service?" In this component, an organization is defining who it is they want to "target" for their service. The target audience can be defined in any number of ways. Most often the target is described by their chief characteristics. Star (1989) states that the target is the "people in the segment with the 'best fit' characteristic for the product."

Several of the authors (Berstien & Freiermuth, 1988; Kotler & Clark, 1987) suggest that an organization choose only those characteristics that are important.

The most common characteristics chosen are income, education, sex, and location. Berstein & Freiermuth (1988) recommend creating a one-page marketing plan for each target group.

After determining who it is that an organization is trying to reach, the next step would be to determine

what does the target audience want from the organization. What is the service that the organization must provide to meet their need? There are several means to ascertain this information: surveys, questionnaires, satisfaction cards, and feedback to the patient representative.

Now that the organization has defined the target audience, the organization must define themselves. In the marketing arena this is termed Position. Position, as defined by HSC, asks "What is unique about our organization's offerings that differentiates them from our competition?" (Lanoue, 1992)

The term that is used most in defining one's position is SWOT. It stands for Strengths, Weaknesses, Opportunities, and Threats to the organization. It is a sure way to define the organization and it's environment. McMillan (1981) cautions organizations that when doing this analysis, not to reinvent themselves; yet, define who the organization is now in the realities that the organization is set.

The analysis of each of the internal components of position begins with strengths. What is it that the organization is known for as doing very well and is the recognized leader in this area. Is it the services that are offered or is it the location of the services?

The strengths should be defined not only by those inside the organization but defined by those outside of the organization.

Weaknesses are more easily defined. Most organizations only need to look to their complaint department or patient representative to have them state what are the surface problems. The systemic weaknesses are more difficult to root out. In some departments, these may be protected areas that managers find difficult to accept as their shortcomings. For this analysis to be properly conducted, it must be done honestly.

Opportunities are strategies yet formulated and enacted. As Cohen (1991) points out, opportunities are the opposite side of problems. He states, "Many people make millions when they note a problem and they also note within the problem a unique opportunity for success." (Cohen, 1991)

Threats are usually defined according to Kotler & Clark (1987) as "outside factors facing the organization." These "outside" factors indicate that the organization cannot control the behavior of these factors. These factors could be either internal or external to the organization. They could be environmental laws or concerns that a new competing

organization is attempting to acquire a niche in the organization's area.

To summarize, the position assessment is necessary. It is the section which appears as a report card. This is what the organization is good at and where it comes up lacking. Here are areas where it can improve. These are courses that the organization should drop all together or change who they are.

Lovelock & Weinberg (1984) state "The positioning strategy is vital not only for reaching the consumers, but for also directing the organization's management; it provides a focus for management efforts and ultimately channels the efforts of the entire organization."

The next component in HSC's marketing plan is Strategies. It is defined as "What needs to be done to accomplish the objectives, reach the targets and establish position?" (Lanoue, 1992) It is in this area that HSC includes the four Ps of marketing: product, price, price, and promotion. There are four sub-elements under promotion. They are advertising, personal selling, sales promotion and publicity.

Lovelock & Weinberg (1984) discuss the marketing mix as a separate element in their marketing plan and also use different terminology for two of the P's.

They use in lieu of "place" and "promotion," the terms "distribution" and "communication," respectively.

Depending upon the source, the terms are either called the marketing mix or the four Ps. The substance of the four areas are the same.

However, Cooper (1987) goes further in his definitions or revisions of the four terms. He suggests health care marketing is unique and the terms should be changed to better express the services of the health care industry. Since HSC does not define the elements, only lists them, the author will substitute the definitions of Cooper for the terms that HSC uses which are the traditional four Ps.

Cooper's (1987) replacement for Product is Service. This is self explanatory in that health care does not actually sell a product but provides a service to the consumers.

For the term Place, which could have still been used, as Service is usually connected with location, Cooper (1987) substitutes the term Access. This is significant when considering that under the managed care triad, access is one of the three apexes of the model. Cooper uses it, not for that reason, but because the term "goes beyond 'place' to encompass the health care consumer's concern for available services."

Consideration is substituted for Price. Price often means what it costs the individual in expenses paid. However, in the health care field, Consideration better defines what the consumer will put forth in time, effort, trust in the physician and the system, the psychological costs incurred, and the fact that most consumers are separated from the actual cost by third party payors. These factors include anything of value to the consumer and are all considered in their presentation for care (Cooper, 1987).

Cooper (1987) continues with the traditional term Promotion for the last of the marketing mix. He contends that it is "similar to the traditional definition with more emphasis on the role of public relations and health education."

The definition of the marketing mix under the component of Strategies does much to explain the four separate elements of the mix but does not state the obvious. Obviously, in order to have a strategy, an organization must take into account services, access, consideration, and promotion but most of all it must have a plan. And "planning is not an easy task (Boland, 1991)."

This section of the marketing plan is difficult. The planner must set the courses to achieve the

objectives and goals first described. Boland (1991) discusses two sides of the issues for strategic planning. One is if the manager is action oriented, the course set for the organization will be made on "instinct" rather than on hard facts. The other extreme is the manager may think that he is too busy and delegate the task of developing the strategy to a staff or planner. This too is incorrect; management needs to be involved.

The strategy should have contingencies for the mere fact that no one can predict the future or plan for every situation. Major surprises could be anticipated and possibly planned and prepared for. When managers are forced to partake in the planning strategies of the organization, these key decision makers are able to evaluate various course of action. During contingencies, these alternate courses of action are enacted for "surprises" and a more effective strategy unfolds (Lovelock and Weinberg, 1984).

Finally, choose a strategy. Boland (1991) contends that a ". . . 'winning' strategic plan will carefully breakdown into the tasks . . . including specific responsibilities and time frames."

Which is exactly what HSC has as it's next component: Marketing Initiatives and Tasks.

These instructions are the most specific of the components. They state:

> "Specific tasks will be established to implement the marketing objectives. A detailed listing of initiatives/tasks will be established in support of the marketing objectives. The listing will include a description of the initiatives/tasks, responsibility for accomplishment, target audiences and a time line for accomplishment." (Lanoue, 1992)

The instructions state the exact form, FM (MED) 1138A, to be used for the listing of the tasks. The form is called a Milestone Objective Chart.

This Chart is essential. Without any form of implementation, all of the above components which involve a great deal of planning, research, time and effort will not be worth the paper they are written on unless they are implemented in a timely and systematic manner. That sections or individuals are held to their tasks cannot be overstated. It is important, when planning, to plan the execution of the plan (Berstein & Freiermuth, 1988).

The final component of the HSC marketing plan is Budget. Most of the authors researched (eg. Berstein &

Freiermuth, 1988; Kotler & Clark, 1987; Levey & Loomba, 1984) addressed budget in one respect or another. The bottom line appears to be the issue with HSC. They ask, "What is the cost of implementation?" (Lanoue, 1992).

Before the organization can answer HSC's question, it must first ask, "What are we willing to spend to accomplish our goals? How much can we afford to spend now? Are our goals in line with our budget?" (Berstein & Freiermuth, 1988)

The budget involves more than money and requires that people and time be factored into the cost. These three resources must be considered together in the budget. Lovelock & Weinberg (1984) warn:

> "In allocating resources, it is essential to consider the relationships among marketing elements and the relative cost effectiveness of investments in each one. . . . Trade offs must be made. . . Changing the budgetary allocation for one element can sometimes have a ripple effect on the others."

It is necessary to monitor and continuously evaluate the plan, the strategy and the budget. These two, monitor and evaluate, along with implementation, should be included in the tasks for each of the

components of the marketing plan. However, it is essential that they be included in the budget's tasks and responsibilities.

Recommended Components

In all, HSC's plan includes the majority of the literature review's basic components of marketing plans. Two components that are not specifically mentioned and deserve headings of their own are the Executive Summary and the Situational Analysis. The HSC plan, as is, could be an excellent vehicle for the organization to use. However, in the unique environment that HSC operates, specifically the military environment, which has as an inherent trait of its employees, the frequent transfer of duty stations, it would behoove military organizations to include these two components. Both are similar in that they present an overview of the situation. The executive summary in brief, the situational analysis in more depth.

The Executive Summary highlights the main elements of the plan. It often only includes the major elements of SWOT. It focuses the reader to the objectives and the recommended strategy and provides a guide when reading, analyzing, and comprehending the marketing plan (Lovelock & Weinberg, 1984). Cohen (1991)

recommends that the executive summary " . . .describe the thrust of what the plan purports to do."

It simply should tell the reader the basics so that they can understand what is to be accomplished, why, and how the project should proceed.

The Situational Analysis is important because it brings the reader up to date on issues that are peculiar and unique to the area or location of the organization. It describes what has previously occurred that the reader would not be able to determine from the plan. It could be detailed and describe each of the organization's main competitors' strengths and weaknesses (Berstein & Freiermuth, 1988).

III. DISCUSSION

The enhanced HSC marketing plan format as an outgrowth of the original HSC plan is depicted in Figure 2.

Insert Figure 2 about here

In the enhanced marketing plan, two components have been added: Executive Summary and Situational Analysis. Also under the component Strategies, the market mix has been altered to better reflect the uniqueness of the hospital marketing program.

In reviewing the literature for information that has already been produced by members of Eisenhower, the most detailed documents are the Eisenhower Army Medical Center Strategic Plan (May 92) (EAMCSP) and Eisenhower's Gateway To Care Implementation Plan Fiscal Year 93 (GTCIP FY93). (The EAMCSP is not an officially dated document. The one used by the author was dated with May 92 penned in handwriting on the document when received.) However, these two documents are outdated and do not accurately reflect the current actions ongoing at Eisenhower. They are both excellent source documents for information that can be incorporated into the Eisenhower Marketing Plan.

The first document, EAMCSP, contains the mission, goals, education and training goal and objectives, readiness goal and objectives, sustainment goal and objectives, and regionalization goal and objectives. These are all written as tasks with designated responsible agencies, and projected milestones. The reason the author states EAMCSP is outdated, is for example, under "Objective 1.7,: To market EAMC and its education programs", task 1.7.1 is to develop a marketing plan by October 1992 with Chief of Coordinated Care Division as the lead agency. This objective and task have clearly been missed. It should

be noted that there has been a change of Division Chiefs in the Coordinated Care Division. Missing the accomplishment date or milestone was before the current Chief's acceptance of responsibility. Nonetheless, there is no marketing plan in existence.

The Eisenhower Army Medical Center Implementation of Gateway To Care Plan is dated for Fiscal Year 1993. There is a wealth of data that could be assimilated into the Strategies portion of the Enhanced Marketing Plan. It is interesting to note, that under paragraph VII: MARKETING AND EDUCATION, this area is rated Amber. The author would have to agree with this rating for it substantiates that Eisenhower has some parts of a marketing plan in place, but the actions necessary to implement the plan are not coordinated.

To flesh out the Enhanced Marketing Plan, some material may need to be further researched. At this time Eisenhower can produce most of the information required to produce a marketing plan. Each component of the Enhanced Marketing Plan will now be formulated, compiled, referenced, or written.

Enhanced Marketing Plan

Executive Summary

Eisenhower Army Medical Center is in a transitional stage at this time. The Commander assumes a recognized Brigadier General billet. The General Officer designated for this command has been selected to be a part of the First Lady's Health Care Task Force. The interim commander is a Colonel, Medical Corps. There is available a letter (Spaulding, 1992) written by EAMC designated Commander that was published in the local Fort Benning post paper where he previously was the hospital commander. These comments provide an insight to what he expects the program to accomplish. These comments should be understood and utilized when writing the executive statement for EAMC. A proposed Executive Summary is at Appendix A.

Situational Analysis

There is information regarding the historical background of EAMC as well as the surrounding area where the beneficiary population resides. This information should be segmented into historical information, consumer analysis, and competitive analysis. The reason for the first two sections are obvious. The reason for the third is that EAMC is located in the same city that the state of Georgia

maintains its medical college. Because of the location of the Medical College of Georgia, there are several other medical facilities not normally found in an area the size of Augusta and the Central Savannah River Area. The proposed Situational Analysis component is at Appendix B.

Objectives

The goals and or objectives for EAMC can be found in a number of different sources. Both the Strategic Plan and the Implementation Plan have goals. Under Gateway To Care there are also the specific goals of increase access, maintain high quality, and control the costs in the delivery of the quality care. In the Strategic Plan some of the tasks are easily measured where others are difficult to determine the starting point. For this reason it could be difficult to measure the success or failure of the task. The proposed Objectives component is at Appendix C.

Targets

The target audience for EAMC should be broken down into two groups: internal and external components. The internal component consist of the physicians, nurses, ancillary support, and the administrative support. These are the people who will market the Gateway To Care Program to the external component. If

the internal component members do not believe in the product, they will not fully subscribe in the selling of the program to the external group.

The external group is the beneficiaries of the care, the personnel who reside in EAMC's 40 mile catchment area and to some extent, additional consumers of medical activities who are supported through the regional concept. A proposed Target component is at Appendix D.

Position

This is how Eisenhower perceives itself in respect to its environment. The most common analysis is done using SWOT. There are a number of unique factors that separate EAMC from other medical care facilities in the area. Eisenhower is also unique in its capabilities within the military region. The proposed Position component is at Appendix E.

Strategies

To accomplish the four objectives specified in the Gateway To Care Implementation Plan Fiscal Year 93 (GTCIP) it would be prudent to follow the GTCIP. This Plan is detailed and proposes several initiatives which are in line with the implementation of a Marketing Plan. The GTCIP contains the most comprehensive collection of data on demographics, manpower,

utilization management, cost data, business initiative information regarding Eisenhower and its responsibilities. The section on Marketing is brief and should be enhanced or should contain a reference to review EAMC Enhanced Marketing Plan once accepted.

Suggested information is submitted in the definitions of the marketing mix. This data should not be naively accepted but should be reviewed by the Marketing Committee. These suggested comments are proposed at Appendix F.

Marketing Initiatives/Tasks

The Eisenhower Army Medical Center Strategic Plan, dated May 92 contains Goals and Objectives in the required format by HSC. As previously mentioned, the documented milestone dates have been seriously missed, yet the document meets all the other requirements. This document should be revised and new milestone dates set. There is a need to write several new objectives and tasks to have the document reflect the new business environment. The document is an excellent starting point for setting realistic and current objectives and tasks. The proposed Marketing Initiatives/Tasks are at Appendix G.

Budget

The current Eisenhower budget is reviewed daily in light of the new business environment. There is significant command interest. Specific objectives and tasks, along with realistic milestone target dates for actions such as implementation, monitoring and evaluation, should be written. These should be included under Marketing Initiatives/Tasks.

IV. CONCLUSIONS AND RECOMMENDATIONS

There exist two excellent documents in the control of Eisenhower, the Strategic Plan May 1992 and the GTCIP FY93, that along with the proposed Enhanced Marketing Plan included in the Appendixes, would provide the hospital with a viable Marketing Plan.

Together these documents should be reviewed, consolidated and edited by the Marketing Committee. They should also be placed under a separate Division for responsibility. The recommended Division is the Coordinated Care Division. This Division has the responsibility for Gateway To Care actions and this Marketing Plan is the document that will inform, remind and tell the beneficiaries about the GTC program.

After the Marketing Committee makes their comments, and the Coordinated Care Division incorporates the appropriate suggestions and produces a

clean, updated and edited plan that accurately reflects the current business environment, it should be forwarded to the Eisenhower Command for comment.

Once accepted by the Eisenhower Commander, it should then be forwarded under separate letter of the Command to United States Army Health Services Command for comment and/or approval.

The Marketing Plan should be adhered to; milestones should be met. The document should become a living document in that modifications and changes as dictated by specific components in the plan, such as budget, should be readily incorporated. The marketing plan should be known by every manager in the hospital. It is further recommended that individual marketing plans be developed for specific programs in the hospital. One program that deserves such attention is the Third Party Collection Program. It should have its own marketing plan with specific tasks and milestones.

The staff at Eisenhower Army Medical Center have been operating on an undocumented Marketing Plan for too long. It is time for all the uncoordinated actions to be documented, organized and managed. With a proper Marketing Plan, Eisenhower can insure the successful implementation of the Gateway To Care Program and

continue to provide Five Star Care to all her beneficiaries as well as survive the future.

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Appendix A

Executive Summary

The aim of Gateway to Care at Fort Gordon, the home of Eisenhower Army Medical Center, is for each beneficiary to receive better service than they received prior to the program being implemented. It is recognized that in the coming year there will be budget cuts that will affect all the resources utilized at EAMC. It can also be expected that the population served will rise with additional units scheduled to be restationed at Fort Gordon in this fiscal year (93). It has already been presented to the command, that there will be a decrement in funding more drastic than previously anticipated. It is imperative that the explanation and the embracing of the third party collection program by the hospitals beneficiaries be properly marketed. The revenue captured in this program is earmarked to make up the projected shortfall of "just doing business" the way is was performed in FY 92.

It is crucial that all employees of EAMC understand that as there is projected a rise in the access to the hospital's services, there cannot be tolerated a lowering of the quality standards. At the core of EAMC is the value of trust of the people served. This

cannot be jeopardized. For if this loss of trust is manifested in utilization, the hospital could become so efficient that it eliminates the access and lowers the quality. If these things happen, EAMC will not have accomplished its mission: to maintain the fighting strength. This can not happen.

EAMC will work to increase access by becoming a hospital with out walls. It will find more cost effective means of providing care through partnerships and setting up centers of excellence throughout the region. Through these initiatives, it is believed that cost can be controlled and quality maintained. Gateway To Care will be the program that assists EAMC of taking care of her own.

Appendix B

Situational Analysis

I. Historical Information:

Eisenhower Army Medical Center is a tertiary care facility providing health care to all eligible beneficiaries. It is not only a $60 million, 400 bed facility but has expended beyond the building encompassing several buildings in and around Fort Gordon; the Army has designated EAMC as the Regional Medical Center for the Southeastern United States which includes Puerto Rico and the Bahamas Islands. Eisenhower is a teaching hospital which also places great emphasis on research. Eisenhower serves as the principle facility in a five state Department of Defense health care region. It is a coordinating center for the Health and Human Services National Disaster Medical System program reacting to natural disasters in the region.

Planned in the immediate future are the opening of a new Family Practice Clinic built adjacent to the hospital, and a projected clinical investigation building built on the hospital campus.

Ground breaking ceremonies for the 14 story structure which dominates the Georgia skyline were held on 23 April, 1971 and were attended by Mrs. Mamie

Eisenhower. The facility was dedicated almost four years to the day, on 24 April, 1975. It is the only Medical Center named not only for a General Officer but a President of the country.

II. Consumer Analysis:

Eisenhower offers care to a military population which includes in its 40 mile catchment area 90,000 active duty, retired and dependents. It also provides care on a regional basis to Forts Campbell, Jackson, Benning, Stewart, Rucker, McClellan, McPherson, Buchanan, and Redstone Arsenal. The total regional population is 450,000 beneficiaries.

The Medical Activities at the supported installations range from one and a half hours driving time to five hours driving time away. They provide primary and secondary care to their populations. Those in need of tertiary care are referred to EAMC.

III. Competitive Analysis:

The area around Eisenhower has a large number of excellent tertiary medical care facilities as well as specialty type care facilities that deal with Women's health and child and adolescent psychiatric care. There is a large Department of Veterans Affairs Medical Center and the Medical College of Georgia is located also in Augusta. The Medical Activities in the region

range from being the only source of care for their specific location to areas just as rich in a large medical community as Eisenhower.

For the most part, the area Eisenhower resides in is highly competitive. Costs in the area are also relatively high and Eisenhower claims it can provide most of the services at a lower cost. This is to their advantage and should be one of the main selling issues to the beneficiaries in the marketing of the programs available at Eisenhower.

Appendix C

Objective

The objectives and goals for the Marketing Plan should be the primary goals of the Gateway to Care initiative. Eisenhower's Implementation Plan states the following four goals:

"1. Contain the rise in health care costs.

2. Increase accessibility to health care.

3. Maintain the quality of health care.

4. Improve patient satisfaction."

These are all appropriate goals but they should be spelled out in a measurable and tractable terms. For example:

1. Contain the rise in health care costs to levels not to exceed FY 92 budget. Attempt to be at midyear, 2% less spent than the previous year; by the end of year, to be at least 4% below expenditures than the previous year.

2. Increase patient to physician time by decreasing the administrative workload of the physicians and increasing the scheduled time physicians can be in their clinics.

3. Insure no decrement in care by maintaining standards of care within the range set for thresholds in clinical area for FY 92.

4. Currently measure patient satisfaction based on the number of complaints and congressional inquiries submitted. Actively work to educate hospital employees in the handling of patients and the interaction with patients and their families. Measure the results in quarterly increments. Compare the results with the initial benchmark. Seek to not exceed the benchmark but decrease it by 1% per quarter.

Appendix D

Targets

The marketing strategy for EAMC must consider two primary target audiences. They are those that are internal to the hospital setting such as the physicians, nurses, ancillary care personnel, and administrative support. The second target audience would be the beneficiaries of the services provided by the first target group through Eisenhower.

Internal Target Audience:

Personnel in this audience range from highly skilled and highly salaried personnel to low skill, low range salaried personnel. A common thread that runs through this population is that most of them will come in contact with the second population on a daily basis. Personnel in this target audience want a safe place where they can perform duties expected of them, to be compensated appropriately for their level of skill, and have high job satisfaction.

External Target Audience:

Personnel in this population are in some way associated with the United States Armed Forces. They are either active duty personnel, retired personnel, or dependents of the two previous group. This population

is seeking quality health care in a timely manner with little or no cost incurred.

Both internal and external populations expect to be treated fairly and properly. Both groups have high expectations of each other for different reasons. Satisfaction for the groups cannot be measured by the same test instrument. The groups have different priorities even though both/most belong to the same system. It is possible, and highly likely, that members of one population also belong to the other population. It cannot be assumed that because of the membership to both populations that the member will be understanding of inconveniences encountered either in the delivery of services or the receiving of services.

Appendix E

Position

Position can best be described when it is defined as Strengths, Weaknesses, Opportunities, and Threats.

Strengths:

Eisenhower Army Medical Center is a tertiary care hospital which provides state of the art medical care along with a strong emphasis in Graduate Medical Education and Clinical Research. The hospital is recognized as a highly respected academic institution with expertise in disciplines from basic soldiering skills to performing open heart surgery. The diversity of the personnel is an asset not akin to private facilities and provides for a unique understanding and perspective into the type and quality of care provided.

The organization is the medical center of the southeastern region. It provides expertise and assistance to eight army medical activities and two health clinics throughout seven states and Puerto Rico.

Eisenhower is investing in the advantage of automation utilizing the Composite Health Care System. The system permits physicians immediate access to information regarding their patients. This allows the physician a holistic view of the care presented to the patient. The goals of the automation initiatives are

to have the Eisenhower work environment a paperless one with all personnel trained to operate in the environment.

Weaknesses:

The unpredictability of the health care environment along with the uncertainty of how the Department of Defense will be conducting the shrinking of the United States Armed Forces poses serious handicaps of preparing for the future.

Opportunities:

Under the Gateway To Care program, Eisenhower can research more cost effective ways to provide the best in health care delivery through innovative partnerships, establish networks outside of the facility, and develop a hospital without walls program. It has the ability to chose from the best providers in any specialty in the area.

The hospital is already automated with the Composite Health Care System whose potential has not been fully realized. The several avenues that can be pursued through this automation is teleradiology and on-line laboratory results with linked medical activities.

Threats:

The downsizing of the Armed Services could adversely affect the resources available to provide care to the beneficiaries of Eisenhower. The rising costs of health care and the increase attacks to curb these costs could affect the scope and missions of EAMC.

The loss of specific teaching missions could jeopardize the Graduate Medical Education programs at the institution.

The uncertainty of the direction of the new administration's plans to reform health care in the United States could severely affect the operations of Eisenhower.

Appendix F

Strategies

(This should be added to the GTCIP under Marketing and Education Section.)

Service:

Provide quality medical care to all beneficiaries in the catchment area and those referred within the region.

Continue the outstanding Graduate Medical Education programs for all disciplines.

Provide a safe and healthy environment for all employees.

Access:

Provide several means for the beneficiaries to access the services they need. This could be accomplished through programs such as:

- Voice Activated Refill Pharmacy Call Ins
- Consults with designated primary care physician by phone when necessary.
- Community outreach programs.
- Provide health care finder service.
- Consult with an Advice Nurse via phone.
- Provide an automated patient appointment system that returns calls to patients when appointments are scheduled or updated.

Consideration:

Understand the needs of the patient. They may not be expending cash outlays for the care received, but they still have fears of the outcomes of the care. They invest time waiting for the care to be rendered, and sacrifice convenience to accommodate and attend the scheduled appointment.

Eisenhower can build confidence and earn the trust of the consumer with all employees who encounter the patient and their family to understand that the families are presenting themselves to us for our care and knowledge. Even though they are seeking EAMC, they are the reason that EAMC exists.

Promotion:

There are numerous avenues for EAMC to promote itself. The most common are to exploit the media sources already in place. Dedicate one issue of the Examiner to each objective of the Implementation Plan. Provide positive and informative articles and interview topics to the local media through Eisenhower's Public Affairs Officer.

Seek opportunities to inform the beneficiaries by attending NCO/Officer Club, Wives Club meetings as an invited guest speaker.

Provide information through the Family Advisory Council, Army Community Service and the Red Cross.

Have pamphlets created that explain Gateway To Care. Distribute them at the Commissary, Post Exchange, Library, Daycare, Schools and Recreational Services.

Provide Guest Speakers through PAO to the local schools that sponsor Parent-Teacher meetings. Solicit the Post Retiree Council for organizations known to them that have routine meetings and offer these groups our guest speakers' services.

Sponsor a health fair or participate in local health fairs with a booth that can be staffed with someone knowledgeable about the hospital and its services.

Seek to have a radio show on the Fort Gordon radio station with "a dial in your questions for a live answer" interactive program.

Schedule an actual "Kick-Off" for the implementation of Gateway To Care at EAMC. Stage it as an opening ceremony with the Command Group present and the Commander presenting his "Vision" for Eisenhower and the region.

Flood the community with the "Five Star Health" logo that has been approved by the command. Explain

the five stars of the program: Excellence, National Defense, Innovation, Wellness, and Compassion. Tie his theme into all presentations done by EAMC staff no matter who they present to.

Respond to all inquiries quickly and honestly.

Appendix G

Marketing Initiatives/Tasks

The EAMC Strategic Plan, May 92, should be updated and the activities annotated for responsibilities in specific area held accountable. Insure that time lines are not missed. If they are, have responsible agencies provide in writing reasons for the missed suspense and proposed actions they will take to 1, answer the mail, and 2, not miss a suspense again.

Additional objectives and tasks should be written for inclosure to have the document accurately reflect the current business environment.

Appendix H

Budget

Implement:

The Gateway To Care program budget should be the same as the current budget for it does include business initiatives and strict guidelines of what will be supported and what actions will not be recognized. The Budget also addresses shortfalls in meeting current projected obligations. It addresses strategies, specifically through the Third Party Collections Program, and identifies what milestones in dollars must be reached for EAMC to stay solvent.

Monitor:

The current budget is heavily monitored and responsible personnel have been identified for specific tasks. The command is taking a special interest in the execution and monitoring of the budget and this action should be continued.

Evaluate:

The budget has been evaluated as a viable working management tool for the command. The importance of evaluating, adjusting, and evaluating and adjusting constantly cannot be overemphasized.

Figure 1. Components of Various Marketing Plans

	HSC	B & F	K & C	L & W	B & K	L & L	C
• Executive Summary			*	*			*
• Objective	*		*		*		*
• Short & long term		*					
• Goals				*			
• Targets	*						
• Market Segmentation						*	
• Identify Targets		*					
• Define Target Wants		*					
• Audit						*	
• Position	*						
• Marketing Mix						*	
• Analyze Competition		*					
• Situational Analysis			*	*	*		*
• Problems & Opportunities				*			*
• Strategies	*		*	*	*		*
• How to Compete		*					
• Plan Execution		*					
• Choose Timing		*					*
• Initiatives/Tasks	*						
• Action Program			*				
• Action Plan				*			
• Tactics							*
• Budget	*	*		*			*
• Budget & Controls			*			*	
• Monitoring				*			
• Financial Plans							*
• Evaluation						*	
• Implementation						*	*

B & F: BERSTIEN &FREIERMUTH
K & C: KOTLER & CLARK
L & L: LEVEY & LOOMBA
L & W: LOVELOCK & WEINBERG
B & K: BOONE & KURTZ
C: COHAN

Figure 2. Suggested Components for a Marketing Plan

HSC'S PROPOSAL	ENHANCED PROPOSAL
———	Executive Summary
———	Situational Analysis
Objective	Objective
Targets	Targets
Position	Position
Strategies - Product - Place - Price - Promotion	Strategies - Service - Access - Consideration - Promotion
Marketing Initiatives/Tasks	Marketing Initiatives/Tasks
Budgets	Budget - Implementation - Monitor - Evaluate